

**Mail in Registration Form:**

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Mail registration to: Blacksburg Aquatic Center 625 Patrick Henry Drive Blacksburg, VA 24060

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_  
Parents Name \_\_\_\_\_ PHONE # (H) \_\_\_\_\_ (O) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1st Choice Activity # \_\_\_\_\_ 2nd Choice Activity # \_\_\_\_\_ 3rd Choice Activity # \_\_\_\_\_ Amount \$ \_\_\_\_\_

*List any medical problems such as allergies, asthma, allergic reaction to bee stings, etc.*

\_\_\_\_\_  
*In case of emergency, when I cannot be reached, I give my permission for my child to receive appropriate medical or dental treatment.*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian